

2010 Nevada Department of Education Mega Conference

April 23 – 25, 2010 • Stateline

Registrations must be received with payment by April 16, 2010.

Limited on a first-come, first-served basis.

☐ Ms. ☐ Mrs. ☐ Mr. ☐ Dr. Name: _____

School District: _____ School/Organization: _____

Home Mailing Address: _____

City/State/Zip: _____

Phone (w/Area Code) Home: _____ Work: _____

E-mail: _____ Fax: _____

Please Identify Your **PRIMARY** Role:

- ☐ General Education Teacher
- ☐ Special Education Teacher
- ☐ ESL or Bilingual Education Teacher
- ☐ Speech/Language Pathologist
- ☐ School Psychologist
- ☐ Counselor
- ☐ School Administrator
- ☐ District Administrator
- ☐ State Administrator
- ☐ Paraprofessional
- ☐ Parent/Parent Advocate
- ☐ University Professional
- ☐ Other: _____

Please Identify Grade Level(s):

- ☐ Early Childhood/Preschool
- ☐ Elementary - Primary Grades
- ☐ Elementary - Intermediate Grades
- ☐ Middle School/Junior High
- ☐ High School
- ☐ All Grades
- ☐ Other: _____

Federal funding sources require us to request this information, it is optional for you to provide it:

Gender: ☐ Male ☐ Female

Date of Birth: _____

Ethnicity:

- ☐ White
- ☐ Black or African American
- ☐ American Indian and Alaska Indian
- ☐ Asian
- ☐ Native Hawaiian/Other Pacific Islander
- ☐ Hispanic or Latino
- ☐ Multiracial
- ☐ Other (please specify) _____

Education:

Academic Degree/Credential Achieved: _____

Don't forget to make your room reservations by March 23!

Call the Harrahs/Harveys Lake Tahoe at 1-800-455-4770 and use the code Harveys Lake Tahoe, S04MGCF

Conference Fees:

- ☐ Mega Conference: \$100

Payment Method:

☐ Purchase Order # _____

☐ Check (payable to the Board of Regents)

☐ Credit Card*: ☐  or ☐ 

Name on card (print): _____

Credit Card #: _____

Expiration Date: _____

Billing Address: _____

Authorized signature: _____

*Credit card charges will be to REPC (Research and Educational Planning Center)

Please note: If you are paying via a district Purchase Order or request for check payment, please fax in a copy of your completed registration first in order to ensure your spot in the conference- we will match payment to your registration when received.

Personal relationship with disabilities.

Are you a... (please check all that apply):

- ☐ Person with a disability
- ☐ Person with a special health care need
- ☐ Parent of a person with a disability
- ☐ Parent of a person with a special health care need
- ☐ Family member of a person with a disability
- ☐ Family member of a person with a special health care need

Send registration form and payment to:

Ida Roberts

UNR/NCED

Mail Stop 285

Reno, NV 89557

OR

Via Fax:

(775) 784-4997

Questions: Phone (775) 682-9055